

DECLARATION OF INVENTORSHIP AND POWER OF ATTORNEY
FOR UNITED STATES PATENT APPLICATION

Attorney Docket No _____

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below
under to my name.

I believe I am the original, first and sole inventor of the subject
matter which is claimed and for which a patent is sought on the
invention entitled "LIQUID FILTERING APPARATUS", the specification of
which

[] is attached hereto.

[] was filed on _____ as Application Serial No _____ and
was amended on _____.

I hereby state that I have reviewed and understand the contents of
the above identified specification, including the claims, as amended
by any amendment referred to above.

I acknowledge the duty to disclose information which is material to
the examination of this application in accordance with Title 37 Code
of Federal Regulations, § 1.56 (a).

I hereby claim foreign priority benefits under Title 35 United States
Code, § 119 of any foreign application for patent or inventor's
certificate listed below and have also identified below any foreign
application for patent or inventor's certificate having a filing date
before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATIONS			
NUMBER	COUNTRY	FILING DATE	PRIORITY CLAIMED
PCT/AU95/00735	International	6 November 1995	YES [X] NO []
PM9218	Australia	4 November 1994	YES [X] NO []

I hereby claim the benefit under Title 35 United States Code, § 120
of any United States applications listed below and, insofar as the
subject matter of each of the claims of this application is not
disclosed in the prior United States application in the manner
provided by the first paragraph of Title 35, United States Code, §
112, I acknowledge the duty to disclose material information as
defined in Title 37, Code of Federal Regulations, § 1.56 (a) which
occurred between the filing date of the prior application and the
national or PCT international filing date of this application:

APPLICATION SERIAL NO	FILING DATE	STATUS

I hereby declare that all statements made herein of my own knowledge
are true and that all statements made on information and belief are
believed to be true; and further that these statements were made with
the knowledge that willful false statements and the like so made are
punishable by fine or imprisonment, or both, under Section 1001 of
Title 18 of the United States Code and that such willful false
statements may jeopardize the validity of the application or any
patent issued thereon.

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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

SEND CORRESPONDENCE TO: Hoffman, Wasson & Gitler, PC
Attorneys at Law
2361 Jefferson Davis Highway
Suite 522
Arlington, Virginia 22202
UNITED STATES OF AMERICA

DIRECT TELEPHONE CALLS TO:

Full name of sole or first inventor LOUIS RYLES

Inventor's signature  Date 21 August 1997

Residence 119 Commodore Drive, Paradise Waters, Queensland 4217, Australia

Post office Address Same as residence

Citizenship Australian

Full name of second joint inventor, if any N/A

Inventor's signature _____ Date _____

Residence _____

Post office Address _____ Citizenship _____

Full name of third joint inventor, if any N/A

Inventor's signature _____ Date _____

Residence _____

Post office Address _____ Citizenship _____

Full name of fourth joint inventor, if any N/A

Inventor's signature _____ Date _____

Residence _____

Post office Address _____ Citizenship _____

Attorney's Docket No: _____

Applicant or Patentee: MEDICAL PLASTICS (AUST) PTY LTD

Serial or Patent No: _____ Filed or Issued: _____

For: LIQUID FILTERING APPARATUS

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) AND 1.27(c) - SMALL BUSINESS CONCERN

I hereby declare that I am

the owner of the small business concern identified below:

an official of the small business concern empowered to act on behalf of the concern identified below:

Name of Concern MEDICAL PLASTICS (AUST) PTY LTD ACN 055 778 295

Address of Concern 119 Commodore Drive, Paradise Waters, Queensland 4217, Australia

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, USC in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled "LIQUID FILTERING APPARATUS" by inventor LOUIS RYLES described in

the specification filed herewith

application serial no: _____ filed _____

patent no _____ issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Name: _____

Address: _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANISATION

Name: _____

Address: _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANISATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date of which status as a small entity is no longer appropriate. (27 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the USC and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of person signing LOUIS RYLES

Title of person other than owner Chairman

Address of person signing 119 Commodore Drive, Paradise Waters, Queensland 4217, Australia

Signature  Date 12.8.97

Attorney's Docket No: _____

Applicant or Patentee: MEDICAL PLASTICS (AUST) PTY LTD

Serial or Patent No: _____ Filed or Issued: _____

For: LIQUID FILTERING APPARATUS

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(37 CFR 1.9(f) AND 1.27(c) - SMALL BUSINESS CONCERN

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Name of person signing LOUIS RYLES

Title of person other than owner Chairman

Address of person signing 119 Commodore Drive, Paradise Waters, Queensland 4217, Australia

Signature  Date 12-8-77

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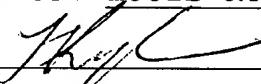
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SEND CORRESPONDENCE TO: Hoffman, Wasson & Gitler, PC
Attorneys at Law
2361 Jefferson Davis Highway
Suite 522
Arlington, Virginia 22202
UNITED STATES OF AMERICA

DIRECT TELEPHONE CALLS TO:

Full name of sole or first inventor LOUIS RYLES

Inventor's signature  Date 21 August 1997

Residence 119 Commodore Drive, Paradise Waters, Queensland 4217, Australia

Post office Address Same as residence Citizenship Australian

Full name of second joint inventor, if any N/A

Inventor's signature _____ Date _____

Residence _____

Post office Address _____ Citizenship _____

Full name of third joint inventor, if any N/A

Inventor's signature _____ Date _____

Residence _____

Post office Address _____ Citizenship _____

Full name of fourth joint inventor, if any N/A

Inventor's signature _____ Date _____

Residence _____

Post office Address _____ Citizenship _____